

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			/	—		
2				—		
3				/		
4				/		
5				/		
6				/		
7				/		
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Total Indep			3			
Total Depend			14			
Total Claims			17			

* May be used for additional claims or amendments

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	Indep	Depend	Indep	Depend	Indep	Depend
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Total Depend						
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